



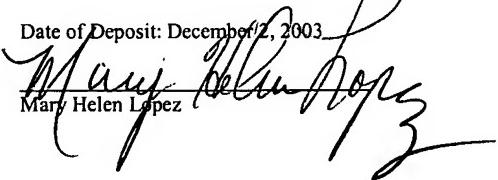
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Holger Claus et. al.  
Application No. : 10/017,285  
Filed : December 13, 2001  
Title : Single Ended Discharge Light Source  
Group/Unit : 2879  
Examiner : Roy, Sikha  
Reference : 0070450-0020

**CERTIFICATE OF MAILING**  
(37 C.F.R. § 1.8A)

I hereby certify that this correspondence is, on the date shown below, is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to the address shown below.

Date of Deposit: December 2, 2003

  
Mary Helen Lopez

COUDERT BROTHERS LLP  
333 South Hope Street  
Suite 2300  
Los Angeles, California 90071  
(213) 229-2900

**RESPONSE TO 37 CFR 1.121**

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Examiner:

This is a response to the Notice of Non-Compliance Amendment (37 CFR 1.121) dated November 20, 2003 in the present application. Enclosed is the corrected version of the amendments to the claims section.



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Mary Helen Lopez

TRANSMITTAL LETTER IN RESPONSE TO 37 CFR 1.121

Mail Stop Non-Fee Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450

Enclosed is an amendment in response to correct 37 CFR 1.121.

CALCULATION OF FEES						
ITEM		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PAID FOR	EXCESS CLAIMS X RATE	SUBTOTAL	Fee
A	TOTAL CLAIM FEES	48		0 x \$9		0.00
B	INDEPENDENT CLAIMS	2		0 x \$43		0.00
C	SMALL ENTITY FEE = A + B LARGE ENTITY FEE = 2 x (A + B)				0.00	
D	MULTIPLE-DEPENDENT CLAIMS FEE***	SMALL ENTITY FEE = \$145.00 LARGE ENTITY FEE = \$ 290.00				0
E	TOTAL FILING FEE					0
F	NO ADDITIONAL FEE REQUIRED****	IF NO FEE REQUIRED, INSERT "0"				

List Independent Claims: 2, 31

- \* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3
- \*\* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3
- \*\*\* PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME
- \*\*\*\* IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"

- \_\_\_\_ Attach is our check for \$ \_\_\_\_\_ to pay the fees calculated above.  
 \_\_\_\_\_ A Petition for Extension of Time and the required fee are enclosed.  
 \_\_\_\_\_ Other enclosures:

## Authorization and Address for Correspondence:

<input checked="" type="checkbox"/>	The Commissioner is authorized during the prosecution of this application to charge fees that may be required or credit any overpayment of fees to Deposit Account No. 501215, except for payment of patent issue fees required under 37 CFR § 1.18. Please show our above-referenced number with any credit or charge to our Deposit Account. A copy of this letter is enclosed.
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Please address all correspondence to J.D. Harriman II, COUDERT BROTHERS LLP, 333 South Hope Street, 23<sup>rd</sup> Floor, Los Angeles, California 90071.

Respectfully submitted,

COUDERT BROTHERS LLP

By:

J. D. Harriman II  
 Reg. No. 31,967

Date: December 2, 2003

COUDERT BROTHERS LLP  
 333 South Hope Street, Suite 2300  
 Los Angeles, California 90071  
 (213) 229-2900

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